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**FAX TRANSMISSION****DATE:** April 20, 2009**PTO IDENTIFIER:** Application Number 10/727,195  
Patent Number**Inventor:** Pepicelli et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP

Melissa S. Rones, J.D., Ph.D.

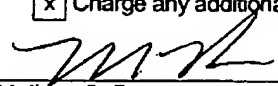
**PHONE:** (617) 951-7653**Attorney Dkt. #:** HUIP-P02-032**PAGES (Including Cover Sheet):** 7**CONTENTS:** Amendment Transmittal (1 page)  
Response to Notice of Non-Compliant Amendment (5 pages)

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. HUIP-P02-032	
Application No. 10/727,195	Filing Date December 3, 2003	Examiner Z. C. Howard	Art Unit 1646		
Applicant(s): Pepicelli et al.					
Invention: REGULATION OF LUNG TISSUE BY PATCHED THERAPEUTICS AND FORMULATIONS AND USES RELATED THERETO					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	12	- 26 =	0	x 52.00	0.00
<b>Independent Claims</b>	3	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Melissa S. Rones, J.D., Ph.D. Attorney/Agent Reg. No.: 54,408  ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7653				Dated: <u>April 20, 2009</u>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.					
Dated: <u>4/20/09</u>		Signature: <u>[Signature]</u> (Ginny Blundell)			

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